

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59125Z

FILING DATE

04 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	2					
4	2		/			
5	2		/			
6	2		/			
7	0		/			
8	0		/			
9	0					
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	0		/			
18	0		/			
19	0		/			
20	1		1			
21	1		1			
22	2		1			
23	2		1			
24	2		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	32		23			
TOTAL CLAIMS	34		25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						